

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>180</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>560579</u>
Town of _____	No. _____		Local Registrar No. _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>George Lewis Kemp</u>			
3. Sex of Child <u>male</u>			
4. Twin, triplet or other _____			
5. Legitimate? <u>yes</u>			
6. Date of birth <u>7-31-24</u>			
7. Month _____ day _____ year _____			
8. FATHER		14. MOTHER	
Full name <u>Philip Hayes Kemp</u>		Full maiden name <u>Rawena Morris</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>Paint Rock Texas</u>		18. Birthplace (city or place) <u>Mangum Oklahoma</u>	
13. Occupation <u>miner</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>4</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1:25 p.m.</u> on the date above stated.			
(Born alive or stillborn.)			
Signature <u>T. C. Harper M.D.</u>		(Physician certificate)	
Address _____			
Month, day, year. _____		Filed <u>8-1</u> 19 <u>24</u>	
Registrar. _____		Filed <u>8-5</u> 19 <u>24</u>	
		County Registrar. _____	

727-731-942